



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME: MC DONNELLS - DOUGLAS TELEPHONE NUMBER: _____
SUITE NO. / STREET ADDRESS: TORRANCE CITY: _____
DATE: 6/7/93 TIME OF WASTE REMOVAL: 9:15 GENERATOR SITE: _____ TCD DRIVER: Rede

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	2070	1		<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p>
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS: _____

EMPTY CONTAINERS _____ QTY _____

EXCHANGED @ PICKUP ☒

GENERATOR SIGNATURE _____ DATE _____

WEIGHMASTER SIGNATURE _____ DATE _____

T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____

NO. **13631** (DATE WASTE WAS RECEIVED BY TREATMENT FACILITY) _____

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY